

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 16
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Solutions PAC		FEC IDENTIFICATION NUMBER ▼ C C00541292	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chris Mottola Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 4130 Cahuenga Blvd., 230a		Amount 946.56	
City North Hollywood	State CA	Zip Code 91602	Transaction ID : SE.5983
Purpose of Expenditure media production-also opposed Trump and Cruz		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris Mottola Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 23 / 2016	
Mailing Address 4130 Cahuenga Blvd., 230a		Amount 1656.48	
City North Hollywood	State CA	Zip Code 91602	Transaction ID : SE.5985
Purpose of Expenditure media production-also opposed Trump and Cruz		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2603.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
02 / 24 / 2016

Signature